

NOTICE OF PRIVACY PRACTICES OF LINCOLN COUNTY

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Lincoln County (The county of Lincoln, Nebraska)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

This notice describes the medical information practices of your Employer's Section 125 Cafeteria Plan and the Employer's Health Care Plan (hereinafter referred to the aforementioned as the "Plan").

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We engage in routine activities that result in us being given Health Information from various sources, including sources other than you. This includes creating a record of the health care claims reimbursed under the Plan for Plan administration purposes. Furthermore, for example, it is possible that we would receive information that individually identifies you and relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you, or (3) the past, present, or future payment for the provision of health care to you. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information; and
- follow the terms of the notice that is currently in effect.

We May Use Your Protected Health Information Without Your Authorization For The Following Reasons:

1. *Treatment.* We may use or disclose medical information about you (as defined in applicable federal rules) to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
2. *Payment.* We may use or disclose medical information about you to facilitate medical information about you (as defined in applicable federal rules) to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. We may also share medical information with a utilization review or pre-certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
3. *Health Care Operations.* We may use and disclose medical information about you (as defined in applicable federal rules) for other Plan Operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.
4. *As Required By Law.* We will use and/or disclose your health information when required to do so by local, state, or federal law. For example, we may have to report abuse, neglect or domestic violence or certain injuries. Furthermore, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
5. *Public Health Activities.* We may provide your health information for public health activities. These activities generally include the following: to prevent or control, disease, injury, or disability; to report births or deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or notify the government if we suspect a patient has been the victim of abuse, neglect, or domestic violence.
6. *Health Oversight Activities.* We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure, and inspections. These agencies might include government agencies that oversee the

health care system, government benefit programs, other government regulatory program, and civil rights law.

7. *Food and Drug Administration.* We may disclose your health information to a person or company required by the Food and Drug Administration to do the following: report adverse events, product defects or problems and biologic product deviations; track products; enable product recalls; make repairs or replacements; or conduct post-marketing surveillance as required.
8. *Coroners, Medical Examiners, and Funeral Directors.* We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparations.
9. *Law Enforcement.* We may provide health information for law enforcement purposes, including but not limited to the following: in response to legal proceedings; to identify or locate a suspect, fugitive, material witness or missing person; pertaining to a victim of a crime; pertaining to a death believed to be the result of criminal conduct; pertaining to crimes occurring on-site; and in emergency situations to report a crime, the location of the crime or victims involved.
10. *Organ and Tissue Donation.* We may disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes or tissue of cadavers for donation purposes.
11. *Military and National Security Activities.* We may disclose your health information to authorized federal officials for conducting intelligence, counterintelligence, and other national security activities.
12. *Lawsuits and Disputes.* We may disclose your health information in response to a court or administrative order and in certain conditions in response to a subpoena, discovery request or other lawful process.
13. *Workers' Compensation.* We may disclose your health information to comply with workers' compensation laws and other similar programs that provide benefits for work related injuries or illness.
14. *To Prevent a Serious Threat to Health or Safety.* We may use and disclose your health information when needed to prevent a serious threat to your health and safety or the health and safety of other people. The information will only be provided to someone able to help prevent the threat.
15. *Inmates.* We may disclose health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This disclosure would be necessary for the institution to

provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

16. *Military and Veterans.* If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
17. *Research Purposes.* These Disclosures shall be made only after the Plan receives certain necessary professional approvals and researcher representations. HIPAA Privacy Officer for the County (Lincoln County) shall reference the applicable HIPAA standard (45 CFR § 164.512(i)) to determine appropriate steps whenever such a request is made.
18. *Plan Sponsors.* For the purpose of administering the Plan, we may disclose to certain employees of the County protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization. Notwithstanding the provisions of this Plan to the contrary, in no event shall the Plan Sponsor be permitted to use or disclose PHI in a manner that is inconsistent with 45 CFR § 164.504(f).
19. *Business Associates.* We may disclose your health information to other persons or organizations known as business associates, who provide services for us under contract. We require our business associates to protect the medical information we provide to them. First Concord Benefits Group, LLC, has signed two Business Associate Agreements with Lincoln County. First Concord Benefits Group, LLC, assists in the administration of Plan claims concerning the Employer's Section 125 Cafeteria Plan and the buy down portion of the Employer's Health Care Plan.

Your Written Authorization is Required for Other Uses and Disclosures:

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization, including —

1. Uses and disclosures of Protected Health Information for marketing purposes;
2. Disclosures that constitute a sale of your Protected Health Information; and
3. Uses and disclosures of your psychotherapy notes.

You Have Several Rights With Regard to Your Health Information:

1. *Right to Inspect and Copy.* You have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes; information gathered in reasonable anticipation of, or use in a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access

to protected health information. We have up to 30 days to make your Protected Health Information available to you, or within sixty (60) days if the Protected Health Information requested is off-site. One thirty (30) day extension is permitted if we provide you with a written statement of the reason(s) for the delay and the date by which the access request will be processed. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal need-based benefit program. We may deny your request in certain limited circumstances. Depending on the circumstances of the denial, you may have the right to request a review.

2. *Right to an Electronic Copy of Electronic Medical Records.* If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
3. *Right to Get Notice of a Breach.* You have the right to receive written notification if we discover a breach of any of your unsecured Protected Health Information and determine through a risk assessment that notification is required. Notification may be required if the breach compromises the security or privacy of your Protected Health Information.
4. *Right to Request to Correct or Amend.* If you believe your health information is incorrect, you may ask us to correct or amend the information. Such request must be made in writing and must include a reason for the correction or change. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
5. *Right to Request Restrictions.* You have the right to ask for restrictions on how your health information is used or disclosed for treatment, payment, and health care operations. Your request must be in writing and must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not legally required to agree with your requested restriction(s).
6. *Right to Request Confidential Communications.* You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about your health status in a private room or through a written letter sent to a private address. We will accommodate reasonable requests.
7. *Right to an Accounting of Disclosures.* In some limited instances, you have the right to ask that we provide you with a list of the disclosures we have made of your protected

health information. All such requests must be made in writing. The disclosure must have been made after April 14, 2003, and no more than six years from the date of your request for an accounting. In addition, we will not include in this list the following: disclosures made for treatment, payment, or health care operations; disclosures concerning national security; disclosures to law enforcement/corrections regarding inmates; disclosures concerning certain health oversight activities; and /or disclosures authorized by you, your personal representative, or your legal guardian.

8. *Right to Amend.* If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.
9. *Personal Representatives:* You may exercise your rights through a personal representative. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. We have the discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.
10. *Right to Withdraw Your Authorization.* Except for the situation herein, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.
11. *Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice. You may ask us to give you a copy of notice at any time.
12. *Changes to Notice.* We reserve the right to amend this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. If such amendment is made, we will immediately display the revised notice at the Lincoln County Clerk's Office and provide you with a copy of the amended notice. We will also provide you with a copy, at any time, upon request.
13. *Genetic Information.* In accordance with the Genetic Information Nondiscrimination Act of 2008 (GINA) and the Affordable Care Act of 2010, should we use or disclose protective health information for underwriting purposes, we would be prohibited from sharing protective health information that includes genetic information.
14. *Complain.* If you believe your privacy rights have been violated, you may file a complaint with us and with the United States Department of Health and Human Services. We will not retaliate against you for filing such a complaint.

If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint, please contact the following individual for information:

Joe W. Wright, Deputy Lincoln County Attorney
Lincoln County Privacy Officer
301 North Jeffers, Suite 101A
North Platte, NE 69101-3997
(308) 534-4350